

2843-A West Palmetto Street, Florence, SC 29501 Fax: 843-S36-0782 - www.hospitality-ins.com

4/22/2020

To whom this concerns please see attached ESTIMATE QUOTE for the Public Service Commission Application, if you have any questions please give us a call at 849-407-5082

Thank you,

Jessica Poston

Hospitality Insurance Agency, LLC

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INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

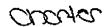
The following insurance quote is for:	
Name of Applicant Address of Applicant	
Liability insurance \$ 1400+	Limits : 88 80 68
The above quoted premium is for a term of 1	months.
Minimum Limits - Intrastate Only:	•
1-7 Passengers* \$ 25,000/50,000/25 8-15 Passengers* \$ 25,000/100,000/25	including the driver's seatbelt
HOOKIH TRACE	Company 100.
Design React Graves	S1. Florence SC (CR) 1

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-oredit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



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The following insurance quote is for:	
Name of Applicant Address of Applicant	
Liability Insurance \$ 80004	Limits
The above quoted premium is for a term of	nontis.
Minimum Limits - Intrastate Only:	•
•	\$000/25,000 Passongers = Number of seatbelts in the vehicle including the driver's seatbelt
HERKH TRICE	me of insurance Company
2843-A C2634RIM	304051Floore 20 0500

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